

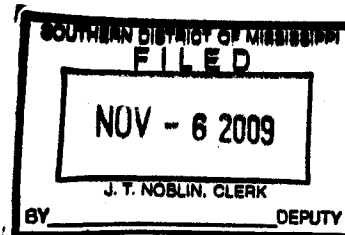
FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983  
**IN THE UNITED STATES DISTRICT COURT**  
**FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

**COMPLAINT**

CORRERO 52772  
 (Last Name) (Identification Number)

JOSEPH S  
 (First Name) (Middle Name)

EAST MISS CORR. FACILITY  
 (Institution)  
10641 Hwy 80 West  
MERIDIAN, MISS 39307  
 (Address)  
 (Enter above the full name of the plaintiff, prisoner, and address  
 plaintiff in this action)



v.

CIVIL ACTION NUMBER:

3:09cv666-TSL-JCS  
 (to be completed by the Court)

MADISON COUNTY SHERIFFS' DEPARTMENT

MADISON COUNTY, MISS.

Hwy 51

MADISON, MISS  
 (Enter above the full name of the defendant or defendants in this action)

**OTHER LAWSUITS FILED BY PLAINTIFF****NOTICE AND WARNING:**

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes ( ) No (X)
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)
- Parties to the action: \_\_\_\_\_
  - Court (if federal court, name the district; if state court, name the county): \_\_\_\_\_
  - Docket Number: \_\_\_\_\_
  - Name of judge to whom case was assigned: \_\_\_\_\_
  - Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): \_\_\_\_\_

## PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: JOSEPH S. CORRERO Prisoner Number: 52772  
 Address: EAST MISS. CORR. FACILITY  
10641 Hwy. 80 West / P.O. Box 4217  
MERIDIAN, MISS 39307

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: THOMAS JONES, NARCOTICS AGENT for MADISON Cty. is employed as  
MADISON COUNTY SHERIFFS DEPARTMENT at MADISON COUNTY,  
MADISON, MISS.

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

## PLAINTIFF:

NAME: ADDRESS:  
JOSEPH S. CORRERO MDOC #52772 EAST MISS. CORR FACILITY, 10641 Hwy. 80  
West / P.O. Box 4217, MERIDIAN, MS. 39307

## DEFENDANT(S):

NAME: ADDRESS:  
 #1 THOMAS JONES NARCOTICS AGT. For Hwy 51, Madison County Sheriffs Dept.  
For Madison County Sheriffs Dept. Madison, MS.  
 #2 M.D.O.C. office CIVILLEMS. Main St. REAR, GREENVILLE MS 38901  
 #3 officer JONES + McTair LEE M.D.O.C. Main St REAR GREENVILLE MS,  
38901

### GENERAL INFORMATION

- A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?  
Yes ( ☒ ) No ( ☐ )
- B. Are you presently incarcerated for a parole or probation violation?  
Yes ( ☒ ) No ( ☐ )
- C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?  
Yes ( ☒ ) No ( ☐ )
- D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?  
Yes ( ☒ ) No ( ☐ )
- E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?  
Yes ( ☐ ) No ( ☒ ), if so, state the results of the procedure: in process of completing it.
- 
- F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:
1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?  
Yes ( ☐ ) No ( ☐ )
  2. State how your claims were presented (written request, verbal request, request for forms): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  3. State the date your claims were presented: \_\_\_\_\_
  4. State the result of the procedure: \_\_\_\_\_  
\_\_\_\_\_

## STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

After Being sentence to House Rest I was not told By officer Jones of GREENVILLE MDOR, any of the Rules THAT I was suppose to go By what SO EVERY. THE phone Line For The monitor had'nt BEEN installed at the place I was staying.

The officer in Madison County Sheriff's Dept OFFICER Tommy JONES had Been called twice By My Attorney Mr. CLAY Comming for Judge Smith But never RETURN ANY of The calls. Go to PAGE #1 which is attach

## RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

I want to get charges dropped and the detainee removed, thus being put back on house arrest while doing probation

Signed this 28<sup>th</sup> day of Oct., 20 2009.

Joseph S. Conner 52772  
EMCF.

Signature of plaintiff, prisoner number and address of plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

10-28-2009  
(Date)

Joseph S. Conner  
Signature of plaintiff

ON JUNE 02, 2009 I was sentenced By Judge Smith, to (3 years) of watch. I had (1) year HOUSE ARREST. The M.D.O.C. officer, officer Chris Orr, Told me I Need To get a phone line For the monitor that I was to ware. That was on June 02, 2009 Thursday. ON Wenday after they came By, and Put the line in From the phone compay. ~~ON~~ ON June 10th 2009.

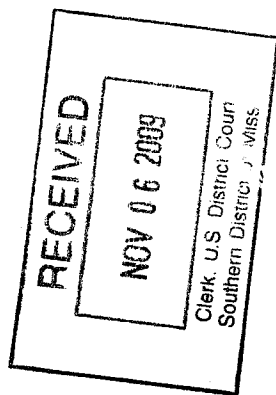
Then on or about June 6th 2009 The Madison County Sheriff's Dept. Call my mothers house, and officer Tommy Jones Told me That I could pick up my medicine, and two cell phone They had Taken from me about 2 and a half weeks before when which I had To post a Bond from when They pulled me over after which I had left The Madison Discount Drug Store. I was short on The count of Lorcet By The Drug was wrong By Forty SO They Took The medicine from me untill had Court on The Case and a charge of Sales of horcet, So I was out on Bond.

my att: a Mr Clay Commins from Greenville, MS. had Tried To Call officer Jones of Madison County twice and had NO answer when I was sentenced To The 3 yr. with a year of House Arrest To Be Done Concernt with The 3 years. So on June 10th 2009 Myself along with Mrs. Roark Road To Madison County Sheriff's Dept. To pick up The medicine after Mrs Roark and I left we went, By my son apartment at "The Links of Madison" on Hwy 51. Then left their and were headed home when a Mrs Layana called me on The phone and ask me To meet her at a Quick STOP on Hwy. 49 North. at which Time while we were waiting on her, a Car pulled up and a women got out, of The car That had pulled up Beside us on crutches I ask her what had Happened To her leg. she came up To The window of The Truck Mrs Roark was driven and said she had hurt it in a Fall at her Fathers house Last Night, and still hadn't gone To The Hospital for it, then we drove off going To Greenville So I could start my House ARREST.

Mrs. Roark had Started down Hwy 49 North When a Large number of police & Sheriff's Car pulled us over Place me and Mrs Roark under arrest and Took us Back To Madison County Sheriff's Dept. Then officer Tommy Jones Called my Probation officer in Greenville MS. Dept of Cor. Had me Vilated and a Sales charge put in to C.M.C.F at Pearl MS. M.D.O.C. Then Placed a Detainer on me at From Madison County Sheriff's Dept.

Joseph Corneo" 52772

MISSISSIPPI CORRECTIONAL FACILITY  
LEGAL MENTORSHIP PROGRAM  
10641 HIGHWAY 60 WEST  
MERIDIAN, MS 39307



U.S. District Court

P.O. Box 23552

Jackson, MS 39225-3522

